

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	107009083
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1						61		
2						62		
3						63		
4						64		
5						65		
6						66		
7						67		
8						68		
9						69		
10						70		
11						71		
12						72		
13						73		
14						74		
15						75		
16						76		
17						77		
18						78		
19						79		
20						80		
21						81		
22						82		
23						83		
24						84		
25						85		
26						86		
27						87		
28						88		
29						89		
30						90		
31						91		
32						92		
33						93		
34						94		
35						95		
36						96		
37						97		
38						98		
39						99		
40						100		
TOTAL	2	2				TOTAL		
IND.	2	2				IND.		
DEP.						DEP.		
TOTAL	2	2				TOTAL		
CLAIMS						CLAIMS		

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE